

Washington State Department of Health  
Center for Health Statistics  
Behavioral Risk Factor  
Surveillance System  
PO Box 47814, Olympia WA 98504-7814

Administrative Use Only	
Number	
Date Received	
Assigned to	
Date Resolved	

## BRFSS Web Application Feedback

Your Name:								
Your office, department or organization:								
Your E-mail address:								
Your telephone number:								
<p>Your Feedback</p> <p>Print <u>this</u> page, fill it out by hand and FAX it to          Katrina Wynkoop Simmons  <b>360-753-4135</b>          Or          You may also scan the completed form into a .pdf and e-mail it to:  <a href="mailto:Katrina.Simmons@doh.wa.gov">Katrina.Simmons@doh.wa.gov</a></p> <p>You can also mail it to          BRFSS Coordinator          Center for Health Statistics          PO Box 47814          Olympia, WA 98504-7814</p>	<p><input type="checkbox"/> Kudos      <input type="checkbox"/> Suggestions      <input type="checkbox"/> Problem</p>							
If you have a problem:	<p>Make a screen print of the screen of the error then press the back button to see the screen just <i>before</i> you got an error message. Make screen print of that window. Attach both or copy them into this report.</p>							
What years, areas or variables were you trying to display?	<p>Years:      <input type="checkbox"/> Single      <input type="checkbox"/> Multiple             <input type="checkbox"/> Separately      <input type="checkbox"/> Combined</p>							
	<p>Areas:      <input type="checkbox"/> WA State      <input type="checkbox"/> Multiple             or one county      <input type="checkbox"/> Separately      <input type="checkbox"/> Combined</p>							
	<table border="0"> <thead> <tr> <th>Variables</th> <th>Response Type</th> </tr> </thead> <tbody> <tr> <td>Analysis: _____</td> <td><input type="checkbox"/> Survey    <input type="checkbox"/> Collapsed</td> </tr> <tr> <td>Domain 1: _____</td> <td><input type="checkbox"/> Survey    <input type="checkbox"/> Collapsed</td> </tr> <tr> <td>Domain 2: _____</td> <td><input type="checkbox"/> Survey    <input type="checkbox"/> Collapsed</td> </tr> </tbody> </table>	Variables	Response Type	Analysis: _____	<input type="checkbox"/> Survey <input type="checkbox"/> Collapsed	Domain 1: _____	<input type="checkbox"/> Survey <input type="checkbox"/> Collapsed	Domain 2: _____
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